DOCUMENT RESUME

ED 096 002 PS 007 437

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TITLE Is Part-Time Child Care Surrogate Parenting? Parents' Perceptions.
SPONS AGENCY Department of Health, Education, and Welfare, Washington, D.C.
PUB DATE [73]
NOTE 19p.

EDRS PRICE MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS Childhood Needs; *Child Rearing; Children; Comparative Analysis; *Day Care Services; Infants; *Mother Attitudes; Parent Child Relationship; Parent Responsibility; Parent Role; *Planning; Tables (Data); Welfare Recipients; *Working Parents
IDENTIFIERS Family Day Care; Group Day Care

ABSTRACT

The purpose of this survey and report is to gain information about parental planning for child-rearing when the mother is employed. This study is intended to explore mothers' perceptions of possible delegation of some basic child-rearing functions during the mothers' absence for employment. Comparison of the child care arrangements which the mothers saw as best able to carry each function, with the actual child care plans in use, and with other criteria such as parental convenience provide clues to dilemmas in child-rearing when the mother is employed. Structured interviews were held with 118 mothers whose children were involved in a "supportive child care project" or a "by-home project." The supportive child care services provided emergency day care for children and parental consultations. In the by-home project, care and transportation of children from infancy through age 14 were handled by a small group center near their home. Eight child-rearing functions were identified: (1) physical nourishment; (2) cleanliness; (3) safety from danger; (4) medical appointments; (5) preparation for the future; (6) provision of affection and love; (7) maintaining social contact between the children and their friends; and (8) providing good behavior examples. Results are reported in terms of parental choices for performance of the particular function. Choices included care in the home by relatives, non-relatives or self, out-of-home care by relatives or non-relatives, and group care by home or other facilities. (Author)

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IS PART-TIME CHILD CARE SURROGATE PARENTING?

Parents' Perceptions

Avis Rana

Identifies patterns of parental choice among child care patterns during the mother's employment in terms of child-rearing functions. Compares patterns of choice for child-rearing functions with child care plans in use by the families and those considered most convenient. Reviews parental compromises in relation to child-rearing functions.

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INTRODUCTION

A current phenomena with major impact on the mental health and developmental patterns of children is the substitute care necessitated while mothers are employed. The major impact of this phenomena derives not only from the vast numbers* of children involved but also from influence on each child resulting from the extent of the child's waking day involved and from the duration of substitute care over many if not all of the young persons'

*1970 U.S. Census data, an estimated 33,801,714 children through age 17 are in families in which an adult female is employed, either full or part time. This number represents forty-eight percent (48%) of all children (69,930,512). The census found 5,406,137 of these children in families with an employed female as family head, with the other 28,395,577 in families where the employed wife is part of a husband/wife family. See also 3.

This report grows out of the work of staff involved in two child care projects: The Model Cities By-Home activities operate under provision of Health, Education and Welfare Project No. 11-P-57167/9-02; the supportive child care program is a part of California's Welfare Reform activities under Senate Bill 796 and Assembly Bill 282.

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childhood years. Examination of parental perceptions of functions various child care arrangements perform in relation to use patterns can help in understanding how children's needs are being met while their mothers are at work.

Mothers who are employed full-time are absent from the family home a minimum of ten, and often eleven or twelve hours daily, the number of hours depending upon such elements as distance to work, overtime requirements, and shopping urgencies. While there are occasional reports of fathers assuming substantial child care and household management responsibilities, observation would suggest that such examples are relatively rare.

So far, very little is known in a systematic way about the criteria which a mother uses in planning child care arrangements. The literature, as well as formal parental presentations and professional discussions, would suggest that group care is both the most prevalent and the most desirable method. Yet national studies done in the 1960's [6 & 8] as well as other local reviews [10] indicated that, at most, ten percent of the children receive care in a group setting; and recent studies begin to pose important questions about what children experience in group care.[4]

The decisions as to the child care plan for each individual child as the child grows, day after day, year in and year out, are made by the parents, largely the mother. For even in the roughly eighty-four percent (84%)[12] of the working-mother households which have two parents, a major share of the detailed decisions concerning child care seem to rest with the mother. As a part of some preliminary exploration of neighborhood child care, therefore, an opportunity presented itself to understand in an elementary way some functions which the mother sees as performed by various child care arrangements available to her.

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Prior experience in unstructured discussions with parents about choices in child care elicited mothers' primary concerns about reliability of the caregiver and a desire that the children receive stimulation and preparation for education.*

PURPOSE

The purpose of this survey and report is to gain information about parental planning for child-rearing when the mother is employed. This study is intended to explore mothers' perceptions of possible delegation of some basic child-rearing functions during the mothers' absence for employment. Comparison of the child care arrangements which the mothers saw as best able to carry each function, with the actual child care plans in use, and with other criteria such as parental convenience provide clues to dilemmas in child-rearing when the mother is employed.

METHODS

These findings are derived from structured interviews with mothers concerning the child care arrangement most likely to meet certain child-rearing functions. All mothers were engaged in employment or vocational training for 7½ hours or more per day. Each mother had responsibility for one or more children age 14 and under.

Two child care project activities provided opportunity for viewing parental considerations in child care under two different sets of circumstances. One project, designated "supportive child care project" in this report,

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*Note that two other elements play a major part in these decisions: one, the logistics of what the mother can manage with time and energy available; and second, the desires of the children such as privacy and freedom from structure.

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retained the general community patterns, using project resources to provide some additional safeguards and to make help available for planning. The other, designated as "by-home project" in this report, introduced a group care program designed to solve some of the problems in child care planning.

The supportive child care project serves employed welfare mothers in four geographic areas in San Diego County. Each of the mothers was contacted early in the planning stages of the program and again after program resources became available. The child care arrangements of these mothers at time of first contact was roughly typical of child care arrangements generally used. In-Home care was used by about one-half of the mothers, nineteen percent (19%) with supervision of a relative, thirteen percent (13%) with supervision of a non-relative, and seventeen percent (17%) with self-care. Group care, such as a private nursery school or publicly operated child care, was used by six percent (6%). Relatives provided care in the relatives' home in eleven percent (11%), and non-relatives provided care in the neighbors' home for nineteen percent (19%) of the families at time of first contact.

"Supportive child care" project services include availability of trained professional staff to care for children when the regular caregiver becomes ill or leaves abruptly, or when a child's illness prohibits attendance at a group care program; help in establishing stable child care arrangements when the current child care plan breaks down; linkage to social services essential in helping the mother maintain employment; as well as consultation with regular child caregivers and mothers to strengthen ongoing child care.

The by-home project established small group care programs within walking distance serving approximately thirty children each, for aid and non-aid families with mothers employed or in vocational training. The programs are intended to meet the need for children in a family to remain

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together by providing care from infancy through age 14, arranging transportation to school, music lessons, and other activities. The fee schedule is based on graduated payment after family income passes the poverty level plus $600 yearly. Prior to introduction of the by-homes these communities had been using the customary pattern of child care arrangements.

A pre-coded interview schedule was used. Staff members working in the project areas participated in pilot tests of the schedule and carried out the interviews. A single person in each project carried responsibility for reviewing each schedule immediately after the interview to clarify meaning of inconsistent responses and resolve other ambiguities. All interviewing was completed during late December, 1973, and early January, 1974. A total of 118 mothers were interviewed, 71 in the by-home areas, and 47, (all the welfare mothers known to be employed) in the areas served by the supportive child care project. In the by-home areas, the interviews represent contact with all mothers living within walking distance known to be employed or in vocational training who have children age 14 and under.

Basic parental responsibilities toward their children were identified in simple terms. First were the four fundamental child-rearing functions: physical nourishment, cleanliness and safety from disease, safety from danger and accident, and keeping medical appointments for the children. Items concerning personal and interpersonal relationships followed. These were identified in terms of preparation for the future, provision of affection and love, enabling the children to keep in touch with friends, and provision of good examples that the parents would want their children to follow.

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The interviews began with a review of the current child care plan and any changes that had occurred since the contact earlier in the project. Then

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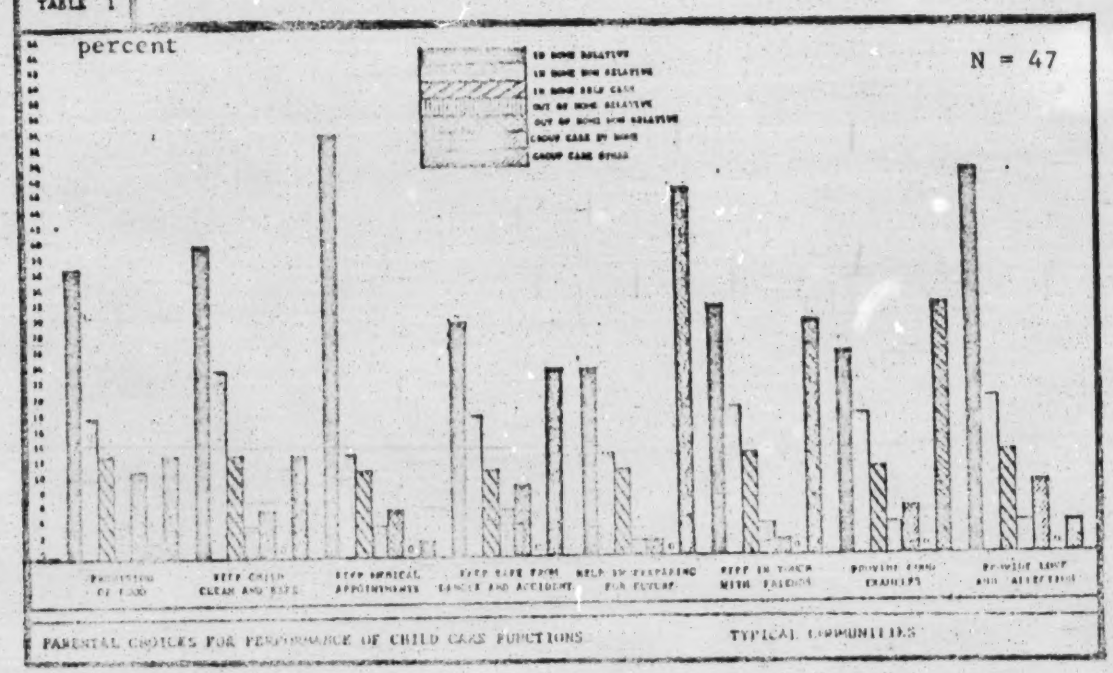
the mothers were asked about their preferences among child care plans in terms of convenience for the parent, liked best for the children, and the children's preference. In order to minimize guilt and anger about the limitations and frustrations in child care planning, the questions on child-rearing functions were phrased so as to recognize and accept the inevitable compromises. The first question, for example, was phrased "which arrangement would be most likely to provide the kind of food you want your children to have?"

RESULTS

PARENTAL CHOICES FOR CHILD-REARING FUNCTIONS IN FOUR TYPICAL COMMUNITIES

As illustrated in Table 1, more than half of the mothers in the typical communities identified the family home as the location of choice for all child-rearing functions except the function of preparing for the future. And, again with the same exception, approximately a third of all mothers chose as caregiver a relative.

TABLE 1



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Among the in-home arrangements six mothers (13%) consistently selected self-care as the supervisory plan which would most likely meet the children's needs. This response appears to be primarily related to age of children and size of family. Two of the six families included children ranging in age from 6 to 15 years who were cared for by siblings over 18. Another mother worked at the school attended by her child, age 12, so that hours of employment were almost the same as the child's school hours. Therefore, the mother planned that the child care for herself for a brief period until the mother came home. In one family comprised of eight children, four teenagers had complete responsibility for the care of four siblings ranging in age from 2 years to 12 years. Two mothers had vested child care responsibilities with 14-year-old daughters. One of these plans was supplemented by a neighbor who would look in periodically, and, although the other family actually had a 16-year-old son, the mother had designated the 14 year old daughter as the "caregiver".

Very few of the mothers chose care in another home, whether of a relative or non-relative, only four to fifteen percent depending upon the function. In contrast to the family home choices, these mothers preferred non-related supervision to care by relatives.

The out-of-home choices over-all indicated greater confidence in group care, with four functions showing group care as the choice of one-fourth to almost one-half of the mothers. Group care was chosen by almost half (47%) of the mothers as the arrangement most likely to provide help in preparing for the future. One-third of the mothers saw group care as the best place to provide a good example for their children, as well as the best place for their children to keep in touch with friends. And almost one-fourth chose group care to keep the children safe from danger and accidents. These res-

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ponses are consistent with many informal expressions of desire for the children to have opportunities for learning, for improving their chances while in day care. There is also a hope for more adequate play resources and adult direction than the parents have available at home. The mothers' view of group care as providing social experiences seems to identify the importance of participation with other children, but does not recognize the transiency among group membership with resultant dilution of relationships.

The keeping of medical appointments for the children aroused strong reactions. Eleven percent of the mothers would not answer as to their choice, compared to a maximum refusal of four percent for other functions. Only ten percent would delegate going with a child for medical care to a caregiver in the home of a relative or a non-relative. Seventy-eight percent (78%) specified that going with the child for medical care belonged in the family home. Fifty-four percent specified further that a relative must be involved, and eleven percent (11%) of these mothers specified that they should be the only ones to carry this responsibility.

In discussing affection and love, eighty-two percent (82%) assigned this function to the family home. Fifty-five percent (55%) of the mothers indicated that they would not--or could not--delegate this aspect of child care. The next largest group (9%) chose out-of-home care with a non-relative.

CHOICES IN DELEGATION IN THREE COMMUNITIES INTO WHICH "BY-HOME" GROUP CHILD CARE WAS INTRODUCED

The three communities into which a by-home, that is a fairly flexible group care program within walking distance of the family home, had been introduced contained a total of 71 mothers engaged in employment or vocational training, for a minimum of 7½ hours a day. Of this number most mothers, between 90 and 95 percent were willing to describe their choices, except for the question regarding safety which only 83 percent would answer.

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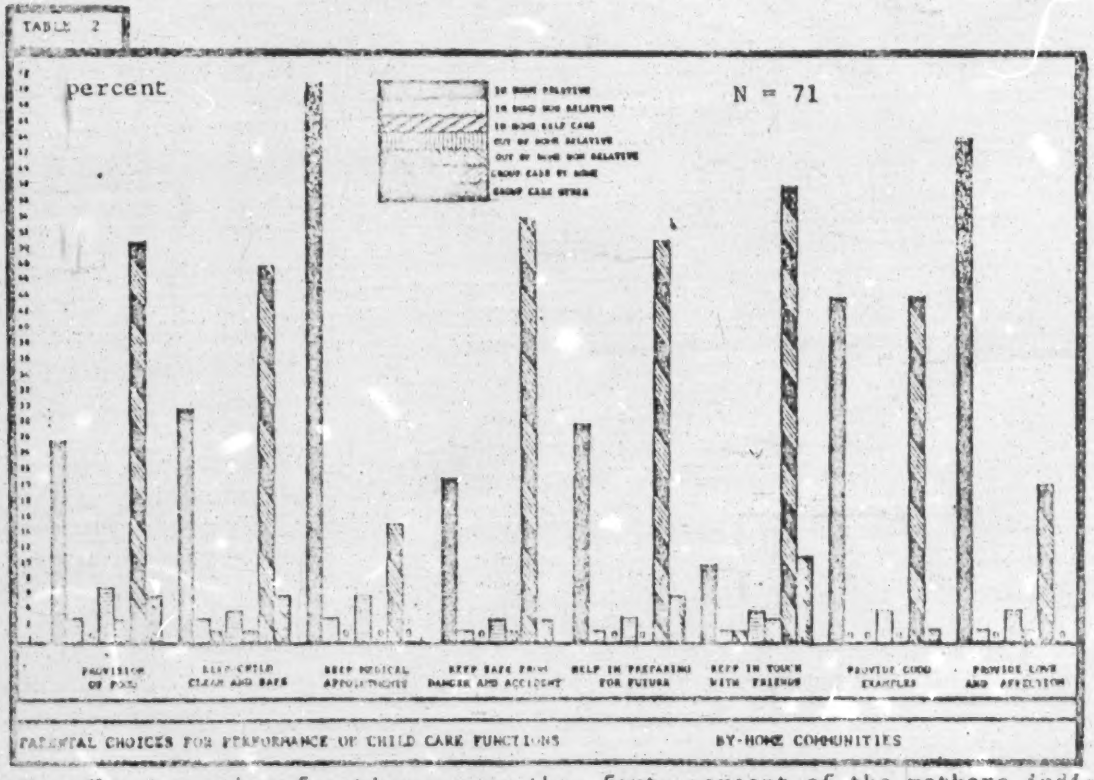
The newly introduced by-home program was identified by more than half of the mothers as their preference for four child care functions. (Table 2) These four functions were: provision of the kind of food the mother desires for the children (51%), keeping the children safe from danger and accidents (54%), help in preparing the children for the future (51%), and helping the children keep in touch with friends (61%).



For two other functions, more than forty percent of the mothers indicated the by-home program as their choice. These two functions were keeping the children clean and safe (45%), and providing good examples for the children to follow (44%).

For five of these six functions, one-fifth or more of the mothers viewed care by a relative in the children's home as the arrangement best suited to carry out the function. In the provision of a good example for the children, the same number of mothers chose relative care as chose the by-home, with

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comments by 19 of these 31 mothers indicating that they saw themselves as the ones responsible for this function. The implication then is that for these 19 mothers the function of providing examples for behaviour is not to be delegated.

These same reservations were expressed, though by fewer mothers, about delegation of responsibility for food, for adequate sanitation, for safety from accidents, and with respect to preparation for the future. Between ten and fifteen percent of all the mothers interviewed described themselves as the persons who would maintain responsibility even for such relatively simple functions as these.

One of these functions, that of keeping the children safe from danger and accidents elicited an unusual pattern of responses among the mothers. While more than half of the mothers saw the by-home as carrying this function, twelve mothers (17%) declined to make a choice and among the fifteen mothers (21%) who identified in-home relative care, seven identified themselves as the persons carrying this responsibility.

The function of maintaining social contacts for the child, described in the interviews as helping "keep in touch with friends", also brought forth responses different from those for other functions. It was the function delegated to the by-home by the largest number of mothers (58%), and another eleven percent identified general group care as the child care arrangement most likely to help the children keep in touch with friends. (Ten percent of the mothers declined to make a choice and eleven percent identified family home care with a relative as their choice.) The focus on group care for this function may represent the parents' wish for their child to have experience with a group of children. The question was intended to identify constancy and duration of association for children with a group of peers.

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If the mothers understood the question correctly, then it will be important to provide information to them about both constancy of attendance and duration of care for children in group care programs where the turnover rate tends to be very high for a number of reasons.

Supposedly, a constant dilemma for the employed mother is the difficulty of taking children for medical appointments because medical facilities are generally open only during the mother's working hours. However, the mothers reacted very strongly against the idea of delegating this function. More than half of the mothers specified that they would wish to carry this function themselves. Almost eighty percent (77%) indicated that this task should not go to anyone other than a relative.

The same pattern of response appeared in relation to provision of affection and love. While the mothers did not reply as forcefully as in regard to medical appointments, more than a third (37%) indicated that the mother herself must carry this function. Another one-fourth believed that a relative in the child's own home might carry this responsibility. On the other hand one-fifth (20%) of the mothers identified the by-home as a place for provision of affection and love.

COMPARISON AMONG CHILD-REARING PREFERENCES, PARENTAL CONVENIENCE, AND ACTUAL CHILD CARE ARRANGEMENTS

Tables 3 and 4 graphically demonstrate a process of compromise and resultant inconsistencies, with patterns varying between the two groups of communities studied. These inconsistencies appear when the possible patterns of child care arrangements are viewed from different perspectives. One perspective is the actual choice made by the mother as identified by the plan currently in use. A second perspective is the mother's statement as

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to the plan most convenient for her. A third is the plan the mother likes best for her children. Fourth is the average of the mothers' choices for care to provide the three basic needs (food, safety from accident, and safety from disease); and fifth is the average of the mothers' choices for care to provide the social needs (preparation for the future, keeping in touch with friends, and provision of good examples).

Operationally the sets of alternatives facing the mother as she considers child care plans are infinite. That is, infinite in terms of individual arrangement possibilities as differentiated from types of resources. Child care resources are, in fact, fairly well established in three limited arrangements: In-Home, Out-of-Home (Family), and Group Care. There are, of course, modifications to these basic arrangements which are dependent upon the type of caregiver introduced into each.

Table 3 reflects what are probably common patterns of parental compromises among various elements in the arrangement of child care.* Within the typical child care communities, for example, twenty-six percent (26%) of the mothers contacted were using an out-of-home non-relative as the primary child care arrangement. However, only 13% described this arrangement as convenient, and only 4% liked the plan for their children. In sorting out the parental attitudes in terms of choices for the provision of basic needs only 8% indicated that out-of-home non-relative care would be likely to meet these needs, and 3% concluded that this arrangement would provide for the social needs of their children.

*Comparison of reports describing resources used by welfare mothers with reports describing a broader social and economic spectrum showed no substantive variations among patterns of child care arrangements.

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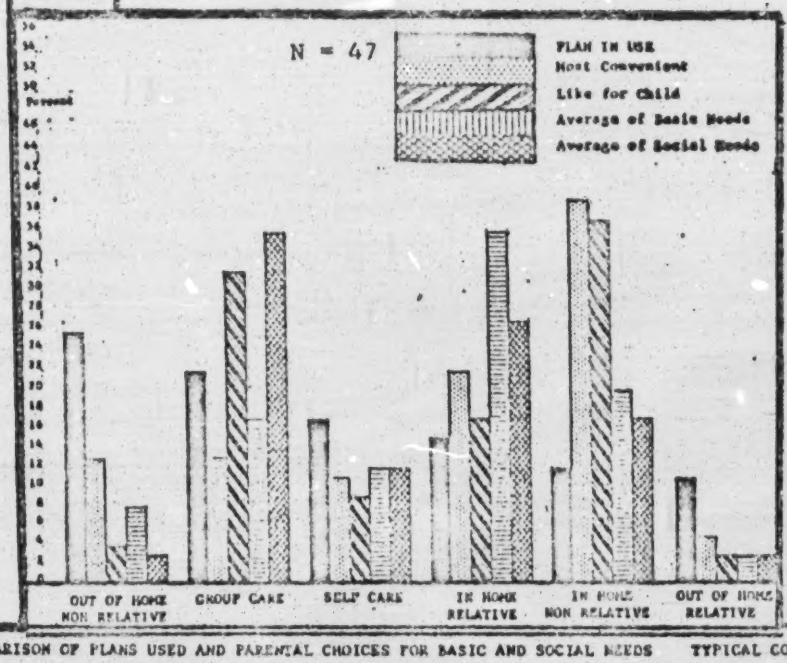
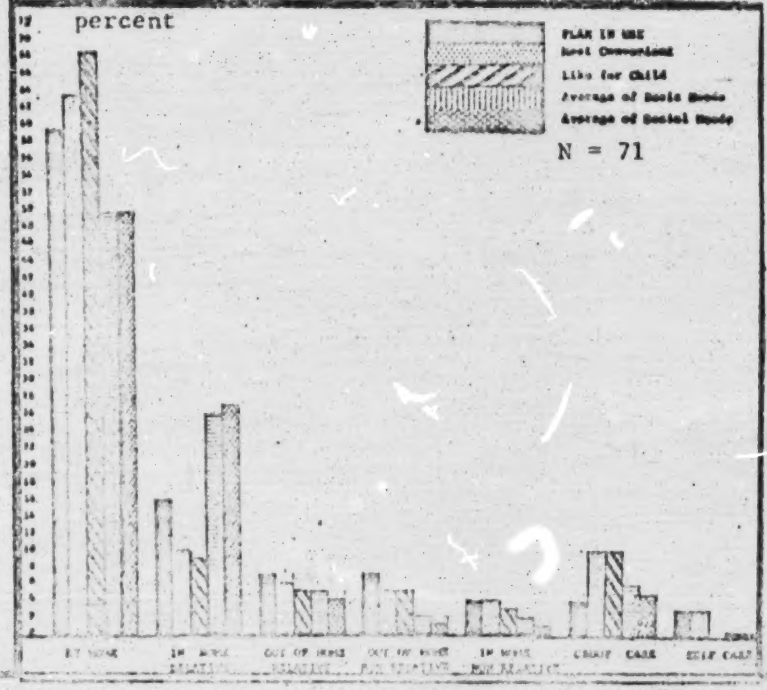
TABLE 3



COMPARISON OF PLANS USED AND PARENTAL CHOICES FOR BASIC AND SOCIAL NEEDS TYPICAL COMMUNITIES

TABLE 4



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From the perspective of convenience, as a second example, 39% of the mothers in the typical areas indicated that an in-home non-relative child care plan would be the most convenient, 37% would like the plan best for their child, 20% expressed confidence that this arrangement would likely meet the basic needs of their children and, yet, only 12% were using this arrangement as the primary child care plan.

On the other hand, within the by-home communities (Table 4) inconsistencies were minimized: 80% of the child care plans in use were represented in two basic arrangements: By-home group care (64%) and, relative providing care in the parents' home (16%). Within these communities over 80% of the mothers indicated these arrangements to be most convenient and over 80% liked the arrangements best for their children. Further, in considering the provision of nutritional care, safety from danger and maintenance of cleanliness, more than 80% indicated that the by-home or in-home relative arrangements would most likely meet the three basic needs for their children. The three elements in social needs elicited a satisfaction rate of over 80% for these two arrangements.

It appears that the by-home child care programs have assisted the parents within these communities in achieving child care arrangements consistent with the level of care desired, in terms of convenience and appropriate components of service. In the more typical neighborhood, arrangements and desires are compromised to the degree that almost without exception the child care used is inconsistent with the parental desire, both in terms of convenience for the mothers and of care for the children.

These findings suggest some reasons for the anxiety and anger expressed by working mothers in discussions of child care. It would appear that the child care arrangements found in these typical communities are primarily plans which accommodate parental employment and that the provision of child

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care needs, although sometimes achieved, have become secondary functions of the arrangement. This does not mean secondary in terms of parental desires or choices for the children, but secondary as result of the parental compromises necessary to achieve a plan.

SPECIAL DILEMMAS CONCERNING MEDICAL CARE AND LOVE

In reviewing the relationships among use, convenience, and provision of care, two child care elements proved to be needs that were universally considered by the mothers as functions of in-home care, and would, or could, be delegated only by a very limited number of mothers. These elements were the provision of love and affection and the provision of medical care. These were the only functions eliciting consistency of choice in both the typical and by-home communities. (Tables 5 and 6) Within the typical communities 70% of the parents chose an in-home arrangement for the provision of love and affection; and, 64% of the parents within the by-home communities selected the same arrangement for the provision of this component of care. Almost 40% of the by-home area mothers volunteered that they saw only themselves as providing love and affection. Further, 68% of the mothers in the typical communities selected an in-home arrangement to be most likely to provide for the medical needs of their children and 75% of those surveyed within the by-home community made a similar choice for this component of care. Almost fifty percent (50%) of the by-home area mothers volunteered that they would wish to be with their children during medical appointments.

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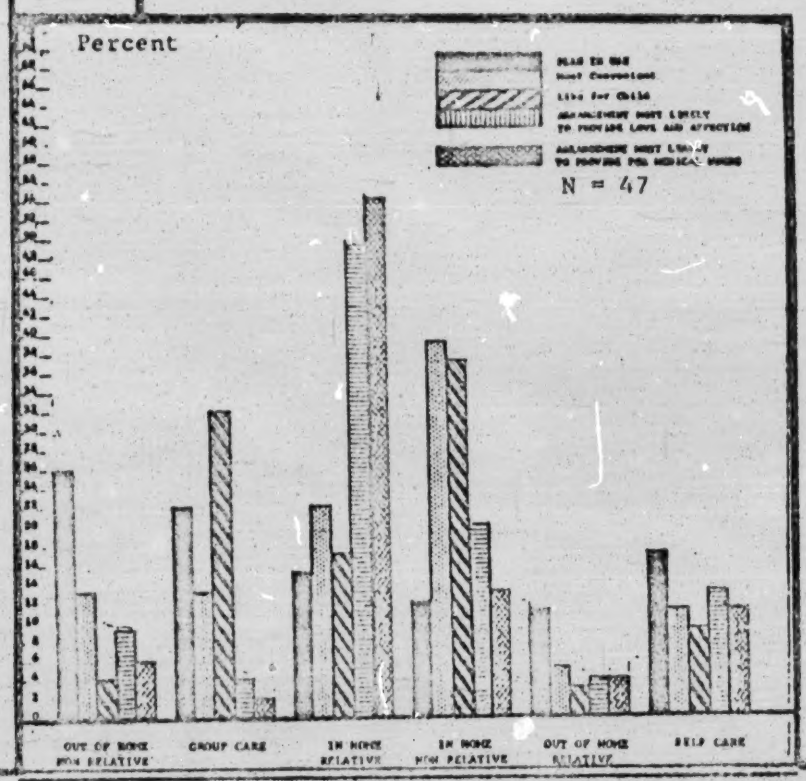
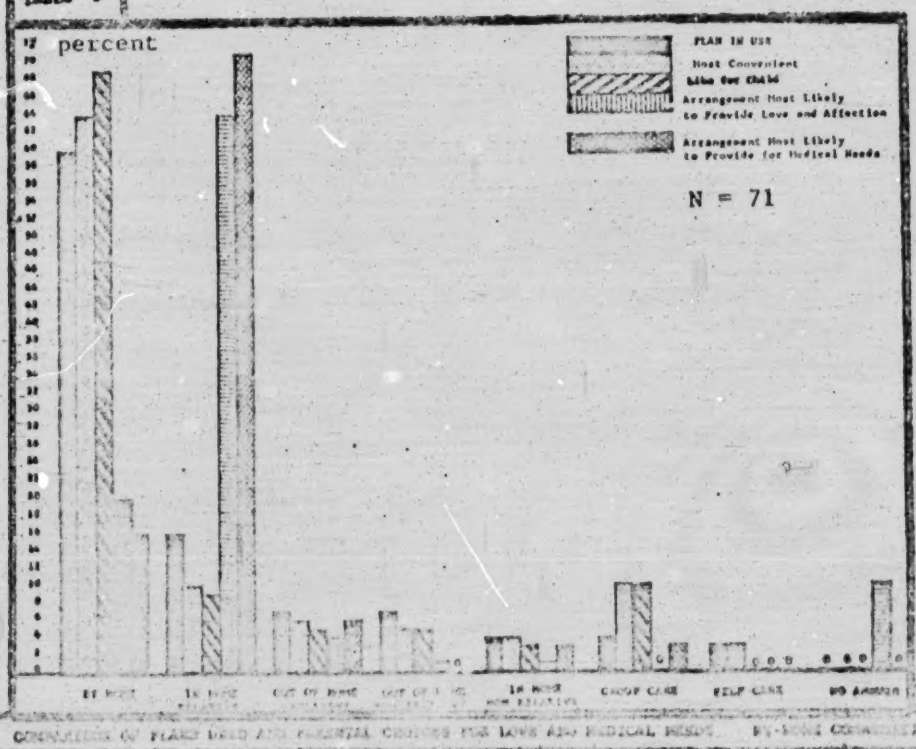
TABLE 5



COMPARISON OF PLANS USED AND PARENTAL CHOICES FOR LOVE AND MEDICAL NEEDS TYPICAL COMMUNITIES

TABLE 6



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COMMENTS

The results of this study of child care planning in 118 families identify three areas urgently needing further study and experimentation. The first is the parental dilemma reflected in the apparent inconsistency between the desired plan and the actual plan used, an inconsistency which represents in fact very substantial logistical difficulties. The second is the difference in parental choices and actions when a relatively flexible group care resource near the family home is available. The third is the marked limitation on delegation of parental functions, together with the unanswered question of how these elements of children's needs are in fact being met, if at all.

The first area, the logistical dilemma faced by parents in planning child care is the child care issue most commonly voiced by parents as a problem. Basically there are very real management difficulties in establishing substitute child care arrangements which achieve to a substantial degree the competence of good parenting for all children in the family as the children's ages and needs change. In other words, it is difficult to arrange a really adequate substitute for a mother at home. Economic factors add further dilemmas for individual parents and the community. For example, the much-compromised typical child care plans, including private group care, average approximately 31¢ per hour, coming up to less than a dollar an hour when costs of supportive service are added in. But the by-home group care arrangements which seemed to meet both children's and parents' needs more adequately also cost much more, approximating $4.00 per hour. Even though the individual child's career in child care is short (perhaps four years full-time and ten years part-time), this latter cost is considered high by both parents and community.

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In the second area, careful study of the by-home group care program over a substantial period of time, from a variety of perspectives, will be important. For instance, does this substantial degree of parental satisfaction continue as the program remains in operation? Under what circumstances and for which children in the family is this program used? To what extent and in what ways are child-rearing functions actually being met through the program?

The third dilemma concerns the delegation of parental function. Many parents were explicit in describing the inappropriateness or great difficulty in delegating even the simpler elements of parental responsibility such as provision of food. Their comments about provision of love and affection identify the substantial difficulties they face in meeting these needs for their children. A basic theoretical assumption is that, especially for young children with short attention spans and limited tolerance for delay in meeting needs, parental attention should be constantly available if the child is to benefit in substantial measure. While these children of working mothers have their own parent or parents to plan for their well-being, the effects of delay in meeting requirements during extended hours of parental absence have not been studied in substantive measure.

It seems quite clear that many mothers will be unable or unwilling to remain out of the labor force even during the ten or twelve years required to get their two or three children through the initial years of development. What this phenomena means to the children can only be hypothesized until careful studies are made on the way children's needs are being met--and not met.

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